

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Integra Telecom of Wisconsin, Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 1201 N.E Lloyd Blvd., Suite 500, Portland, OR 97232

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Deborah Harwood

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

1201 N.E. Lloyd Blvd. Suite 500  
Portland, OR 97232

**Telephone Number of Designated Agent:** (503) 453-8000

**Facsimile Number of Designated Agent:** (503) 453-8223

**Email Address of Designated Agent:** deborah.harwood@integratelecom.com

**Signature of Officer or Representative of the Designating Service Provider:**

Date: 3/3/05

**Typed or Printed Name and Title:** Deborah Harwood, General Counsel,  
Vice President and Secretary

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee  
Made Payable to the Register of Copyrights.**

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